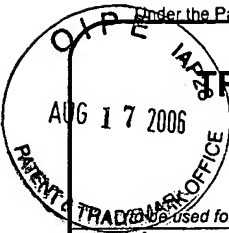


TFW 3731

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# TRANSMITTAL FORM

Application Number	10/523,219
Filing Date	October 19, 2005
First Named Inventor	MICHLITSCH, Kenneth
Art Unit	3731
Examiner Name	NEAL, Timothy J.
Attorney Docket Number	JM-045 US

Total Number of Pages in This Submission **9**

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Response to Election/Restriction Requirement; 2. Claims Calculation Sheet; 3. return receipt postcard.
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

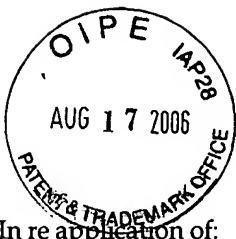
Firm Name	LUCE, FORWARD, HAMILTON & SCRIPPS LLP		
Signature	<i>Franco A. Serafini</i>		
Printed name	Franco A. Serafini		
Date	August 10, 2006	Reg. No.	52,207

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Cynthia A. Willis</i>		
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Case Docket No.: JM-045 US

In re application of: MICHLITSCH, Kenneth      Serial No.: 10/523,219  
Filed: October 19, 2005      Examiner: NEAL, Timothy J.  
For: AUTOLOGOUS WOUND SEALING APPARATUS

Mail Stop Amendment  
Commissioner For Patents  
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Sir:

### CLAIMS CALCULATION

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20	minus	20	0	x \$25/50	\$ 00.00
INDEPENDANT CLAIMS	1	minus	3	0	x \$100/200	\$ 0.00
MULTIPLE DEPENDANT CLAIMS	<input type="checkbox"/>				\$ 180/360	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 00.00

- ☐ Check enclosed.
- ☒ Charge \$ \_\_\_\_\_ to Deposit Account No. 50-2298. Two copies of this sheet are enclosed.
- ☒ Please charge any additional fees in connection with the filing of this communication, or credit overpayment, to Deposit Account No. 50-2298.

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